

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Cheyenne</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>29</u>	T <u>2</u> S	R <u>41</u> EW

Distance and direction from nearest town or city street address of well if located within city?

Murfin

2 WATER WELL OWNER: <u>Edd &amp; Carla Seavy</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>5262 Oil Post Rd</u>	Application Number: <u>20060301</u>
City, State, ZIP Code: <u>Yuma, Co. 80759</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>270</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>224</u> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to <u>280</u> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well <u>1</u> Domestic <u>3</u> Feed lot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Lawn and garden (domestic) <u>10</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped
<u>1</u> Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<u>2</u> PVC	4 ABS	7 Fiberglass	_____ Welded _____
Blank casing diameter <u>4.5</u> in. to <u>230</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface <u>18</u> in., weight <u>2.38</u> lbs./ft. Wall thickness or gauge No. <u>248</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	<u>7</u> PVC	10 Asbestos-cement	
<u>1</u> Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
<u>2</u> Brass	4 Galvanized steel	6 Concrete tile	9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	<u>8</u> Saw cut	11 None (open hole)
<u>1</u> Continuous slot	3 Mill slot	9 Drilled holes	10 Other (specify) _____
<u>2</u> Louvered shutter	4 Key punched	7 Torch cut	
SCREEN-PERFORATED INTERVALS: From <u>230</u> ft. to <u>270</u> ft. From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>30</u> ft. to <u>270</u> ft. From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals From <u>0</u> ft. to <u>30</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:	1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
				14 Abandoned water well
				15 Oil well/ Gas well
				16 Other (specify below) _____
				none

Direction from well?	How many feet?
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS	
0 2 _____ Surface	Caliche strks (tight)
2 27 _____ Loess	203 220 Clay & caliche w/sand strks
27 63 _____ Brown clay	220 225 Clay & caliche w/sand strks
63 80 _____ Sandy clay	225 240 Med sand w/caliche lenses (tight)
80 105 _____ Clay w/caliche strks	240 260 Med sand w/cemented sand strks
105 117 _____ Caliche w/clay strks	260 270 Fine to med sand w/clay lenses & Caliche strks
117 123 _____ Clay & caliche w/sand strks	
123 140 _____ Fine to med sd w/clay & caliche Strks (tight)	270 280 Yellow ochre/black shale
140 153 _____ Med sand w/clay lenses	
153 160 _____ Fine to med sand w/clay & Caliche strks	
160 185 _____ Med sand w/clay lenses	
185 203 _____ Fine to med sand w/clay &	

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>8-18-06</u>	and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. <u>554</u>	This Water Well Record was completed on (mo/day/yr) <u>8-21-06</u>
under the business name of <u>Woofor Pump &amp; Well Inc.</u>	by (signature) <u>Wayne C. Woofor</u>

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records. MD